


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000019 1. Entry Name G & G INVESTMENTS OF JACKSONVILLE, LTD.					
Principal Place of Business 1919 NIGHTFALL DRIVE NEPTUNE BEACH, FL 32266			Mailing Address 1919 NIGHTFALL DRIVE NEPTUNE BEACH, FL 32266		
2. Principal Place of Business Suite, Apt. #, etc. _____			3. Mailing Address Suite, Apt. #, etc. _____		
City & State _____			City & State _____		
Zip _____		Country _____		4. FEI Number 59-3361494	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRUBBS, DARYL 1919 NIGHTFALL DRIVE NEPTUNE BEACH, FL 32266				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$560,000.00			10. Amount of Capital Contributions in FLORIDA to date. _____		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # P94000017349		STREET ADDRESS _____			
NAME G & G OF JACKSONVILLE, INC.		CITY-ST-ZIP _____			
STREET ADDRESS 1919 NIGHTFALL DRIVE		STREET ADDRESS _____			
CITY-ST-ZIP NEPTUNE BEACH, FL 32266		CITY-ST-ZIP _____			
DOCUMENT # _____		STREET ADDRESS _____			
NAME _____		CITY-ST-ZIP _____			
STREET ADDRESS _____		STREET ADDRESS _____			
CITY-ST-ZIP _____		CITY-ST-ZIP _____			
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DOCUMENT # _____		STREET ADDRESS _____			
NAME _____		CITY-ST-ZIP _____			
STREET ADDRESS _____		STREET ADDRESS _____			
CITY-ST-ZIP _____		CITY-ST-ZIP _____			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Daryl Grubbs</i> Daryl Grubbs, VP of GP 4-21-05 904-290-2030 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					



02102005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3361494

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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STREET ADDRESS	1919 NIGHTFALL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	CITY-ST-ZIP	
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SIGNATURE: *Daryl Grubbs* **Daryl Grubbs, VP of GP** **4-21-05** **904-290-2030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE